

KREATIVE KIDS PRESCHOOL

CONTACT INFORMATION

KELLY HEUSER
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PRESCHOOL SITE ADDRESS

400 E. SECOND STREET
GENOA, IL 60135

IMPORTANT PHONE NUMBERS

PAYMENTS/BILLING

SANDI REASE
SANDIR@GENOAPARKDISTRICT.COM

815/784-5612

TEXT REMINDERS/ADDITIONAL INFO

TEXT 81010
MESSAGE @GTPDPK



[Facebook.com/GenoaTownshipParkDistrict](https://www.facebook.com/GenoaTownshipParkDistrict)

Statement of Purpose

The purpose of the Genoa Township Park District is to provide a program in which the children are actively involved in a curriculum that stresses the social, emotional, physical and academic aspects of their development.

Goal

The goal of the program is to create a warm, accepting environment, which supports the development of the whole child. This is accomplished by providing opportunities for the child to be with other children, fostering a development of wholesome social relationships. Appropriate experiences are provided that contribute to the development needs of the child, as well as build important foundation of the future academic skills. The preschool program provides an open setting that gives children and enthusiasm for learning about themselves and the world around them.

Program

The Genoa Township Park District provides preschool classes for area children from 3 to 5 years old. Children meet two or three days a week for 2.5 hours. The curriculum incorporates all aspects of child development: social, emotional, physical, and academic. The younger children will be exposed to the alphabet, number, shapes and colors with an emphasis on learning how to participate in a group and becoming more independent. The four- and five-year olds are introduced to a variety of math and literacy skills that will help them make a successful transition to kindergarten. All students will have the opportunity to learn through a variety of hands-on, creative learning activities that incorporate both fine and gross motor skills. Both classes will enjoy exploring a new theme each week throughout the year.

These guidelines will be emphasized with the Kreative Kids children:

- Respect yourself
- Speak kindly to others
- Do not use bad language
- Be the best you can be
- Ask for help when you need it
- Respect others and their property
- Keep your hands, feet and objects to yourself
- Treat others the way you want to be treated
- Be polite and courteous and say Please, Thank you and Excuse Me to everyone
- Understand those who might be different from yourself
- Care about others and help those who need it
- Respect your surroundings
- Always clean up after yourself
- Help to keep our room and playgrounds neat and clean
- Be responsible

Admission Policy

No person on the basis of race, color, national origin or sex will be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity of this district.

Program Information

Dates, Times and Location

Kreative Kids Preschool is located in the Chamberlain Park Recreation Center. Class will meet from 9:00 am – 11:30 am. Classes for 3-4-year old's meet on Tuesday and Thursday. The 4-5-year old's meet Monday, Wednesday and Friday. The program will begin the week following the Labor Day holiday. After classes begin, the program will follow the schedule established by the Genoa Kingston CUSD #424.

Cancellations

If Genoa Kingston CUSD #424 school cancels, so does Kreative Kids preschool. In the event of inclement weather, listen to local radio and to stations, Facebook or our website, genoaparkdistrict.com. We will also send out a text reminder by 8:30 am.

Communication

We use a program called Remind to communicate with parents quickly for program changes, school cancellations and payment reminders. Please sign up by texting the number 81010 with a message @gtpdpk. Please make sure you keep your information updated so that you won't miss any information.

Outside

We like to give the children every opportunity to get their wiggles out when we can. Whenever the weather allows, we will be outside for the last 15 minutes of class weather permitting. Make sure your child is dressed according to our weather. This includes the winter months as well. However, temperature is a factor during this time. If the temperature is above 10°, we will make every attempt to go outside as long as everyone has the appropriate attire. Please send with your child hats, gloves, snow pants, snow boots and jacket.

Sunscreen

Since we will be playing outside from time to time, please apply sunscreen, to your child prior to preschool. Please note that you must supply your own sunscreen, the park district will not supply sunscreen. Our preschool classes are only in session for 2 to 2 1/2 hours. If sunscreen is applied prior to the start of class, it should still be in effect during our outside time.

Health

Communicable Diseases

Children should not attend school if any of the following symptoms are present:

- Fever over 99.5°
- Nausea
- Vomiting
- Diarrhea
- Undiagnosed rashes
- Red or running noses and eyes

Swollen glands Children with contagious illnesses or infestations (such as head lice) will not be permitted to stay in the Camp Discover while the illness or infestation is still active. While we do realize this may be an inconvenience, we must follow health guidelines on this matter, to ensure the safety and health of all our students and staff.

COVID-19 Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have: Fever or chills-Cough-Shortness of breath or difficulty breathing-Fatigue-Muscle or body aches Headache-New loss of taste or smell-Sore throat-Congestion or runny nose-Nausea or vomiting-Diarrhea-Trouble breathing-Persistent pain or pressure in the chest-New confusion-Inability to wake or stay awake-Bluish lips or face.

If your child is showing symptoms of COVID-19, we will ask you to pick up your child immediately. Your child will be quarantined in the administration room until you come to pick up your child. In order to return to our program, the participant must be symptom free for 72 hours after the last symptom, a note from doctor confirming a negative test result.

Head Lice: The participant must be nit free in order to return to the program and a release note from a healthcare professional should be obtained and submitted 2 full business days prior to a student's intended return.

Conjunctivitis (Pink Eye): Participants with bacterial conjunctivitis may not return to the program until the active infection passes or until 24 hours after treatment begins.

Viral Conjunctivitis: Requires a doctor's release stating the participant does not have bacterial conjunctivitis.

Chicken Pox: Participants with chicken pox may return to the program when all blisters have dried and formed scabs, about 7 days after the onset of the rash.

Streptococcal Sore Throat: Participant may return to the program 24 hours after the treatment begins, providing there has been no fever for 24 hours and antibiotics will continue for 10 days.

Fever: Any fever over 99.5 participants should stay home. Participants must be fever free for 24 hours before returning to the program.

Please do not send your child to school at the onset of an illness, as this is when they are the most contagious. Also be aware that young children do not always cover their coughs or wipe their running noses and the germs are easily spread. Children who have been absent because of a communicable disease may return to school if the rash, fever or other symptoms have disappeared, provided the child has been confined for five days or has a doctor's release.

Emergency Medical and Health Policy

We will always try to provide a safe environment for your child. However, children may get hurt or injured. In the unlikely event of such an occurrence, this procedure will be followed:

- Paramedics will be called to handle serious accidents
- A call will be made to you to inform you of the situation. If you cannot be reached, we will call the emergency numbers you provided on the information form during registration. Again, please feel free to revise this list as frequently as necessary.
- If your child requires medical care, we will accompany them to the nearest facility. We will not transport them without your permission.
- If your child becomes ill while at preschool, we will call you to notify you of the situation. If your child has a fever or experiencing diarrhea, we will request that your or an authorized adult pick up your child as soon as possible. The preschool teacher will determine if whether or not the child should be removed for that day due to the illness. If it is decided that it would be in the best interests to do so, **a parent or guardian must pick the child up from Kreative Kids Preschool.**

Discipline Philosophy

Discipline is creating inner controls for the child. At the Genoa Township Park District, Kreative Kids Preschool, it will always be verbal. Rules will be explained in a cheerful, sympathetic manner to make them understandable and acceptable. The teacher will always try to be consistent, firm and fair. Rules will always be enforced in a positive, impersonal way. We will teach the child about safety, care of property, good health habits and consideration for others. We will allow the child to make as many decisions as possible within the necessary limits. The teachers will always try to understand the reason for a child behaving in a disruptive manner and will do their best to change behavior in a positive, growing way.

Bathroom Needs

All children in the preschool must be able to take care of their own bathroom needs. We ask that you dress your child in clothing they can easily pull up and down. Button, belts and tights are difficult for small fingers. If your child has an accident, you will be called to change your child. If it occurs more than one time, you may be asked to take your child out of class and try again at a later date. WE DO NOT ALLOW PULL-UPS IN PRESCHOOL.

Snack Time

Parents are asked to provide a healthy snack and drink for your own child.

Just a few examples:

- Gold Fish
- Cheese Its
- Fruits
- Veggies
- String Cheese
- Graham Crackers

Party Invitations

Please do not use the Preschool as a means of distributing birthday party invitations unless all the boys and girls in a given class are invited. The preschool teachers do not want to be put in the uncomfortable position of telling parents and children why they did not receive an invitation. Feelings are easily hurt in this type of situation.

Drop off/Pick up Late Policy

We understand that some mornings are better than others. If you're running a few minutes late for dropping off please call the office, 815/784-5612, and inform them as to the time you will be dropping your child off. If you will be later than 9:15 am, we will not allow entrance into preschool. By this time, we have started our day and disruptions can take children off task for the remainder of the morning.

Please make sure to pick up your child promptly at 11:30 am and sign them out. After 11:40 am, you will be charged \$15.00 per every 15 minutes. Children's parents that are habitually late (more than 5 times) will be removed from the program. No refunds will be given.

Payment Policy

Payments will be run automatically the 1st of every month. If there are any issues with your card, you will be notified immediately. You have a grace period of 10 days to make your payment with no penalty. After the 10th day of the month, a \$15.00 late fee will be added to your monthly fee. If no payment is made within 7 days and no contact has been made to the park district, we will notify you or the first person that you have listed on your emergency contact form to pick up your child, and they may not participate in the program until the full payment has been made. There will be no prorated issued for absences, vacations, etc.

Year End Tax Information

Preschool Programs are recreation programs but depending on your circumstances the cost of the program may qualify as child care for a tax deduction. If you and your tax advisor decide you can use this, **our tax id is 36-6006293. Please retain your receipts for tax purposes. The Genoa Township Park District does NOT send out a tax statement. Receipts will be sent via email. Please make sure we have a current email on file.**

Photographs

Pictures may occasionally be taken of the preschoolers through the school year. These pictures are used for historical and marketing purposes (seasonal brochure, website, Facebook, Instagram, etc. By registering for Genoa Park District Kreative Kids Preschool, you have granted us permission to use your child's images.

Supply List

All Children:

- Backpack to fit folder
- Slippers for the winter months
- Change of clothes-pants, shirts, underwear and socks to keep at school (please be aware of seasonal changes)
- 1" Binder
- 1 Wide Ruled Notebook
- 2 Pack of Stickers-Any Kind
- 2-8 Count Wide Markers
- 2-8 Count Skinny Markers
- 1-12 Count Colored Pencils
- 1 Box 24 ct. Crayons
- 1 Scissor
- 1 Plastic Folder-Any color or design
- 1 Package of Brown Lunch Bags
- 3 Containers Disinfecting Wipes
- 3 Rolls of Paper Towels
- 3 Large boxes of Kleenex
- 3 Hand soap (pump)
- Personal water bottle-The drinking fountain will not be available during this time.
- 1 Shoe box with lid for your child's supplies.

Please put your child's name on everything. We want to be able to return everything at the end of the year so, if it's possible, they can use it next year.

Genoa Township Park District

Kreative Kids Preschool Registration Form

The parent/guardian must fill in the following information. The intent of this information is to provide preschool personnel with the background for appropriate care.

Participant Information

Preschooler's Name _____ Date of Birth _____

Male: _____ Female: _____ Age: _____ Days Attending: _____

Address: _____ City: _____ Zip _____

Parent Guardian Information

First Parent/Guardian: _____ Relation: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Cell#: _____

Primary Email: _____

(Receipts will be emailed to the above email address)

Second Parent/Guardian: _____ Relation: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Cell#: _____

Emergency Contact/Alternate Pick-Up

Other than the persons listed about, please list those who are able to pick up your child within 20 minutes of a call. Only persons listed will be allowed to pick up your child.

| Name | Relationship | Phone Number During Class Time |
|-------|--------------|--------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Persons Not Authorized to Pick Up Your Child

Name

Relationship

Phone Number

Medical Information

Does your child have a severe food or other allergy we need to know about?

Food Allergies

Describe Reaction and how to Manage Reaction

Other Allergies (Include insect or bee stings, hay fever, animals etc.)

Child's Physician

Phone

Hospital Associated with

Physical Limitations

Behavior Concerns

If your child has any special medical, physical, psychological and/or emotional needs or receives special services from the school district, please list in detail below. Lack of information may adversely affect the park district's ability to accommodate the needs of your child.

Waivers and Release/Policy Acceptance

The Genoa Township Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Genoa Township Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Emergency Treatment Authorization

Emergency Treatment: A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician/emergency personnel, a life is in the balance. Written consent is required for all treatment given in any emergency situation. Consent of a parent or legal guardian is necessary for minors except in extreme cases.

To Whom it May Concern: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of medical emergency which, in the opinion of the physician/emergency personnel, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Initials_____

Waiver and Release of all Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the programs listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Genoa Township Park District including its officials, agents, volunteers and employees.

In the event of an emergency, I authorize the Genoa Township Park District to secure and/All necessary medical attention from an accredited hospital and further agree that I will be responsible for any and all medical services rendered. I have read and fully understand the Important Information, Waiver of All Claims Assumption of Risk. I further understand that my signature is required below in order to participate in Genoa Township Park District programs. In addition, I agree to abide by all of the policies/procedures contained in the parent handbook.

If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Do you give your permission for your child to use our playground equipment?

Yes/No

Parent/Guardian Signature_____

Date_____



GENOA TOWNSHIP PARK DISTRICT

Mandatory Credit Card Automatic Authorization Form

Please complete all fields. This authorization will remain in effect until the participant leaves the program or until the end of the program.

| |
|--|
| Credit Card Information |
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____ |
| Contact Phone Number: _____ |
| Email Address: _____ |
| Card Number: _____ |
| Expiration Date (mm/yy): _____ |
| Cardholder ZIP Code (from credit card billing address): _____ |
| Program: _____ |
| Childs Name: _____ |

Please note you must have a current card on file at all times

I understand that this authorization will remain in effect until I cancel it in writing/phone call, and I agree to notify Sandi Rease in writing/phone call, of any changes in my account information or termination of this authorization *at least 1 day prior to the next billing date*. Transactions will occur: **monthly, on the First of every month**. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

I hereby authorize Genoa Township Park District to process credit card transactions in the agreed amount as set forth in the payment fee schedule provided to me in the parent handbook based on the amount of days attending.

Customer Signature

Date